

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/381334		FILING DATE				
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2	1						52					
3	2						53					
4	10						54					
5	10						55					
6	10						56					
7	10		1				57					
8	1						58					
9	1						59					
10	1						60					
11	3						61					
12							62					
13							63					
14							64					
15							65					
16							66					
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18							68					
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37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	11	↓	↓	↓			TOTAL DEP.	↓	↓	↓		
TOTAL CLAIMS	14						TOTAL CLAIMS					